



Medical Coder/Billing and Coding Specialist (CPC/CBCS/CCA)

Coding is a primary source for data and information used in health care today. It promotes provider/patient continuity, accurate database information, and the ability to optimize reimbursement. While medical records and health information technicians can specialize in many different aspects of the health information industry, many work as medical coders and billing specialists.

When a patient receives health care in a physician’s office, outpatient facility or surgical center, the provider must document the services provided. Professional coders will abstract information from medical documentation, assign the appropriate codes, and create a claim to be paid. These claims are then sent to a commercial payer, the patient, or the Centers for Medicare and Medicaid Services (CMS) for processing.

Coding is fairly independent work but interaction with other coders, medical billers, physicians, and office staff is essential. Medical coders are usually placed on fairly tight production schedules and are expected to complete a certain number of notes each day.

Coders and billing specialists know how to complete common insurance forms, trace delinquent claims and appeal denied claims if necessary.

Most medical coding specialists work in healthcare facilities including: hospitals and surgery centers, physician and dentist offices, mental health facilities, nursing homes/long-term care facilities, home healthcare agencies. Typically, medical technicians work full time, though part-time work is available. Coding is a competitive field; entry-level positions may begin with reception/office duties and move up based on performance and ability.

Indiana Wage Information

	Entry	Median
Hourly Wage	\$12.81	\$15.83

Job Outlook in Indiana

Long term	22.6 % (increase)
Short Term	1.9 % (increase)

*Data collected from hoosierdata.in.gov

Job Duties

- Review patient information for preexisting conditions and insurance claim forms
- Retrieve patient records for medical personnel.
- Work as a liaison between the health clinician and billing offices, tracing and appealing claims
- Performs comprehensive reviews to assure all information (patient and record identification, signatures and dates, etc.) is present.
- Evaluates medical records for consistency and accuracy. Ensures that the final diagnosis accurately reflects treatment rendered.
- Abstract documented medical services, assign the correct codes, and create a claim that is to be paid

Important Qualities

Detail-Oriented - must pay attention to details when recording and coding patient information.

Critical Thinking - must be able to understand medical records and diagnoses, and decide how best to code them

Self-Motivated – must manage self, time, and activities

Analytical Skills – must be able to understand and follow medical records and diagnoses to then decide how to code

Interpersonal Skills – must be able to discuss patient information, discrepancies, and data requirements with other professionals

Technical Skills – must be able to use job-related software

Skills and Knowledge

Technical

- Thorough knowledge of anatomy, physiology and medical terminology
- Familiarity with different types of insurance plans, regulations, and compliance
- Ability to use coding software adopted by employer



English Language Arts

- Read and understand coding resource books and the corresponding codes and guidelines
- Understand and follow medical records and diagnoses
- Express ideas clearly in speaking or writing

Certification and Advancement

Medical coders (also known as medical records or health information technicians) typically need only a postsecondary certificate to enter the occupation. Many employers require professional certification. Certification is available through an examination from a certifying body such as:

- **AAPC** (American Academy of Professional Coders), which offers the Certified Professional Coder credential (CPC), focuses on medical coding and instructs students on how to assign a correct diagnosis, procedure, and supply code for a wide variety of clinical cases and services. A minimum age requirement of 18 and must have high school diploma or equivalent (HSE).
- **NHA** (National Healthcareer Association) offers a Certified Billing and Coding Specialist credential (CBCS) which focuses more on medical billing and insurance claims and instructs students on how to convert a medical procedure, diagnosis, or symptom into specific codes for submitting a claim for a reimbursement. Must be 18 and have or show proof of a high school diploma or HSE.
- **AHIMA** (American Health Information Management Association) has the Certified Coding Associate (CCA) for entry-level coding across all settings including both hospitals and physicians. The certification documents the ability to assign codes, sequence codes, medical records, compliance and confidentiality. No age requirement but must have a high school diploma or equivalent (HSE).

For all programs, certification is only issued upon passing a qualifying exam or graduating from an accredited program. Medical coding is subject to frequent and rigorous audits to ensure accuracy in billing, as there are literally billions of dollars on the line. Therefore, once certified, coders typically must renew their certification regularly and take continuing education courses. Advancement in this field requires further training; candidates would go on to become medical office administrators or managers.

How can YOU get involved?

The world of work relies on the foundational skills students acquire in your classrooms and/or programs!

- Know your students'/clients' interests and career goals
- Affirm the value of the skills/hobbies students demonstrate both in and outside of the classroom
- Infuse your classroom culture and/or meetings with career-minded activities
- Provide time to make connections between the material learned in adult education or workshops and students' daily lives/career aspirations
- Know the basic job descriptions and training requirements of in-demand occupations in your area
- Know which WorkINdiana programs are available in your region
- Know the processes for referring students to postsecondary or on-the-job training
- Post resources where students can find more information about further education/training and careers

Sources and additional information:

www.bls.gov/ooh

www.indianacareexplorer.com/

www.aapc.com

www.nhanow.com/billing-coding.aspx

*Last updated July 2015